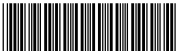


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|---|--|---|
| Issue Classification  | Application/Control No. 10566645 | Applicant(s)/Patent Under Reexamination CAPDEPUY ET AL. |
| | Examiner Melanie Torres Williams | Art Unit 3657 |

| ORIGINAL | | | | | | INTERNATIONAL CLASSIFICATION | | | | | | | | | | | | |
|--------------------|-----------------------------------|----------|--|--|--|------------------------------|---|---|---|----------------------|-------------|--|--|--|--|--|--|--|
| CLASS | | SUBCLASS | | | | CLAIMED | | | | | NON-CLAIMED | | | | | | | |
| 267 | | 201 | | | | B | E | D | G | 13 / 00 (2006.01.01) | | | | | | | | |
| CROSS REFERENCE(S) | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| CLASS | SUBCLASS (ONE SUBCLASS PER BLOCK) | | | | | | | | | | | | | | | | | |
| 287 | 145 | 153 | | | | | | | | | | | | | | | | |
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| <input checked="" type="checkbox"/> Claims renumbered in the same order as presented by applicant <input type="checkbox"/> CPA <input type="checkbox"/> T.D. <input type="checkbox"/> R.1.47 | | | | | | | | | | | | | | | |
|--|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
| 1 | 1 | 16 | 17 | | | | | | | | | | | | |
| | 2 | | 17 | | | | | | | | | | | | |
| 2 | 3 | 18 | 19 | | | | | | | | | | | | |
| 3 | 4 | 19 | 20 | | | | | | | | | | | | |
| 4 | 5 | | | | | | | | | | | | | | |
| 5 | 6 | | | | | | | | | | | | | | |
| 6 | 7 | | | | | | | | | | | | | | |
| 7 | 8 | | | | | | | | | | | | | | |
| 8 | 9 | | | | | | | | | | | | | | |
| 9 | 10 | | | | | | | | | | | | | | |
| 10 | 11 | | | | | | | | | | | | | | |
| 11 | 12 | | | | | | | | | | | | | | |
| 12 | 13 | | | | | | | | | | | | | | |
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| NONE | | Total Claims Allowed: | |
| | | 19 | |
| (Assistant Examiner) | (Date) | | |
| /Melanie Torres Williams/ Primary Examiner Art Unit 3657 | 4/12/10 | O.G. Print Claim(s) | O.G. Print Figure |
| (Primary Examiner) | (Date) | 1 | 1 |